

Rev
05/2010

United States District Court for the Eastern District of Missouri Non-Appropriated Fund

REQUEST FOR COMPENSATION OF SERVICES AND REIMBURSEMENT OF OUT-OF-POCKET EXPENSES

Assigned Judge: Shirley P. Menges	Case Number: 4:14-CV-485SPM
Case Title: Hyman v. Warren et al	
Name of Party Represented: Bruce Hyman	Date appointed: 4/17/15
Request for (check one): <input type="checkbox"/> Interim Payment <input checked="" type="checkbox"/> Final Payment	
Check box if previous payments have been made in this case: <input type="checkbox"/> Amount previously paid: \$	
Judgment Entered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Judgment: 11/19/16	
If applicable, date of order granting leave to withdraw: N/A	Has a fee award been made to you in this case? NO

Attorney's Name: Andrea L. Smith	Make check payable to: <input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Firm
Firm or Business Name: same	
Street Address: 715 W. Rosehill	Kirkwood, MO. 63122
City/State/Zip: Kirkwood, MO. 63122	Phone: (314) 822-2735

Claim for Services

Please refer to the instructions for Completing Request for Compensation of Services and Reimbursement of Expenses for time keeping.

In Court:	Hours Claimed	Total Amount Claimed
Conferences		
Hearings		
Trial		
Other (specify on additional worksheet)		
(RATE PER HOUR = \$)		
IN COURT TOTALS:		
Out of Court:		
Interviews and Conferences		
Discovery		
Legal Research and Brief Writing		
Travel Time		
(RATE PER HOUR = \$)		
OUT OF COURT TOTALS:		
OVERALL TOTALS:		
(Note: The maximum compensation for attorney's fees for any one appointment in a civil case is \$2,500.)		
TOTAL COMPENSATION CLAIMED: \$		

Itemized Expenses

Please refer to the Regulations Governing the Disbursement of Funds from the Non-Appropriated Fund for Attorney Fees and Out-of-Pocket Expenses Incurred by Attorneys Appointed to Represent Indigent Parties in Civil Proceedings pursuant to 28 U.S.C. 1915(e) for guidance on allowable itemized expenses.

Depositions and Transcripts	\$	
Investigative, Expert or Other Services	\$	
Travel Expenses	\$	188.03
Service of Papers/Witness Fees	\$	
Interpreter Services	\$	
Photographs, Photocopies, Telephone Toll Calls, Telegrams	\$	76.80
Other (Please attach description)	\$	15.24
TOTAL EXPENSES CLAIMED: \$		280.07
TOTAL AMOUNT CLAIMED: \$		280.07

327 miles / 3 trips
postage 15.24
76.8 copies files
+ decs
+ cases

I swear to (or affirm) the truth and correctness of the above statements and that the work performed was, in my best judgment, necessary for the adequate preparation of the above-named case. Further, I swear (or affirm) that this request is made in the absence of other sources of prepayment or reimbursement and that if any attorney fees are otherwise recovered, I shall return an equivalent amount to the District Court fund.

Attorney's Signature Date 8/12/16

APPROVED	_____ Assigned Judge's Signature	8/12/16 Date	\$280.07 Amount Approved
	If the total of the reimbursement requested for out-of-pocket expenses and that already allowed exceeds \$5,000, the approval of a majority of the judges on the Non-Appropriated Fund Committee is required. Reimbursement in excess of \$10,000 must be approved by four district judges.		
	_____ Chairperson Non-Appropriated Fund	_____ Date	\$ Amount Approved